

LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000625564

1. Entity Name

WINESCOOL, LLC



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2. Principal Place of Business - No P.O. Box #

2227 Constitution Blvd

3. Mailing Address

P.O. Box 15656

Suite, Apt. #, ect.

Suite, Apt. #, ect.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

34231

Country

USA

Zip

34239

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083B (1/11)

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7. Name and Address of Current Registered Agent

Name

Eric C FLEMING

Street Address (P.O. Box Number is Not Acceptable)

OWENS LAW GROUP, PA

811 Cypress Village BLVD

City

RUSKIN

FL

Zip Code

33573

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

6/1/2011

DATE

January 1 - May 1, Fee is \$138.75

After May 1, Fee is \$538.75

Amended AR is \$50.00

Make Check Payable to Florida Department of State

E-mail Address:

eric@owenslawgroup.com

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FLEMING, ERIC C
P.O. Box 15656
Sarasota FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANKE, JASON
P.O. Box 15656
Sarasota FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Skaland, Alison Jordan
P.O. Box 15656
Sarasota FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BOERNER, NICOLE
P.O. Box 15656
Sarasota FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

500208508685
06/06/11--01037--001 **138.75

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Payment originally submitted
prior to May 1.

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Eric C FLEMING

6/1/2011

Daytime Phone#

(813)633-3396